

Case Number:	CM14-0111704		
Date Assigned:	09/16/2014	Date of Injury:	01/07/1999
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported an injury on 01/07/1999. The injury reported was when the injured worker lifted a barrel of waste paper with metal in it. The diagnoses included status post posterior decompression with anterior and posterior fusion, lumbar spine joint pain and joint pain in the lower leg, right knee, long term use of medication, and postlaminectomy syndrome. The previous treatments included medication, surgery, physical therapy, TENS unit, epidural steroid injections, and home exercise program. Within the clinical note dated 07/03/2014, it was reported the injured worker complained of chronic low back pain. He stated the pain felt terrible. The injured worker reported constant pain in the anterior knee and has difficulty with walking. Upon the physical examination, the provider noted the lumbar spine had tenderness to palpation along the spinous process of the lumbar spine. The range of motion of the lumbar spine was decreased by 60% with flexion and 40% of extension. The right knee had tenderness to palpation in the bilateral space. Mild pain to compression of the patella was also present. The provider requested a right knee x-ray. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Knee X-Ray (standing AP view): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg Chapter: Radiology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Radiography.

Decision rationale: The request for Right Knee X-Ray (standing AP view) is not medically necessary. The Official Disability Guidelines note x-rays are recommended in a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Indications for imaging include acute trauma of the knee, fall or twisting injury, with 1 or more of following: focal tenderness, effusion, inability to bear weight. Acute trauma to the knee with " \geq [greater than or equal to] 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk, suspected posterior knee dislocation. There is a lack of documentation indicating the injured worker had the inability to walk or the inability to bear weight. There is a lack of documentation indicating the provider suspected a fracture. Therefore, the request is not medically necessary.